

Senate Bill 395

By: Senators Goggans of the 7th, Johnson of the 1st, Williams of the 19th, Cowser of the 46th, Hawkins of the 49th and others

**AS PASSED SENATE**

**A BILL TO BE ENTITLED  
AN ACT**

To amend Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to the care and protection of indigent and elderly patients, so as to establish the safety net clinic grant program; to provide for definitions; to provide for the purpose of the grant program; to provide for eligibility; to provide for requirements; to provide for planning grants and implementation grants; to provide for data on safety net clinics; to provide for rules, regulations, and procedures; to provide for statutory construction; to provide for related matters; to repeal conflicting laws; and for other purposes.

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:**

**SECTION 1.**

Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to the care and protection of indigent and elderly patients, is amended by adding a new article to read as follows:

**"ARTICLE 9**

**31-8-210.**

As used in this article, the term:

(1) 'Dental clinic' means a clinic which provides dental care, including preventive services.

(2) 'Department' means the Department of Community Health.

(3) 'Grant' means a planning grant or an implementation grant approved pursuant to Code Section 31-8-214.

(4) 'Indigent patient' means a person who is unable to pay the entire cost of health care received whose family income does not exceed 250 percent of the federal poverty level and who is without health insurance.

(5) 'Primary care clinic' means a health care clinic which provides primary care outpatient services only, such as chronic disease management and vaccinations, and which does not provide care or services which are considered to be primarily emergency care and services; provided, however, that for purposes of this article only, federally qualified health centers as defined in Section 1395x(aa)(4) of Title 42 of the United States Code Annotated shall be considered primary care clinics.

(6) 'Program' means the safety net clinic grant program created pursuant to this article.

(7) 'Recipient' means the recipient of a grant under the program.

(8) 'Safety net clinic' means a primary care clinic which provides an alternative to emergency room visits for indigent patients for nonemergency medical services at no cost or on a sliding scale basis to the patient or a dental clinic which meets requirements established by the department.

31-8-211.

There is created the safety net clinic grant program to be administered by the department. The purpose of the program shall be to shift nonemergency medical services from the high cost environment of hospital emergency rooms to lower cost primary care clinics serving as safety net clinics and to provide access to affordable dental care.

31-8-212.

To be eligible for a grant under the program, a primary care clinic or dental clinic shall:

(1) Be operated by a nonprofit corporation established under the laws of this state and qualified as exempt from federal income taxation under Section 501(c) of the Internal Revenue Code; and

(2) Provide primary care services or dental services at no cost or on a sliding scale basis primarily to indigent and uninsured patients whose family income does not exceed 250 percent of the federal poverty level.

31-8-213.

(a) A primary care clinic applicant for a grant under the program shall demonstrate:

(1) A direct, tangible relationship with a local or regional hospital, demonstrated by a plan to encourage nonemergency medical patients to be redirected to a safety net clinic rather than the hospital's emergency department, which may be accomplished in various ways, including, but not limited to, a local or regional hospital contributing funds or in-kind support to the safety net clinic, a voucher system in which a nonemergency patient is given a voucher to take to the safety net clinic to cover costs, or a referral system from the hospital to the safety net clinic for nonemergency medical services;

1 (2) Strong community support and financial assistance;

2 (3) A verifiable existing need for a safety net clinic based on current demographics using  
3 the most recent census data, proximity to a local emergency department or departments,  
4 lack of similar primary care clinics in the area, opportunity to serve multiple counties, and  
5 any additional available data, studies, or other resources from universities, foundations,  
6 research groups, or other sources on the health status and needs of the area and its  
7 residents;

8 (4) A detailed marketing campaign, including fundraising strategies, methods to raise  
9 awareness in the community, and demonstrated ability to work with other access points,  
10 such as emergency departments and local health departments, to direct indigent and  
11 uninsured patients to safety net clinics for nonemergency medical services;

12 (5) A pharmaceutical component, demonstrated by a long-term plan to provide or assist  
13 in providing patients access to medications related to primary care medical issues,  
14 chronic disease management, and disease prevention;

15 (6) A case management component, demonstrated by a long-term plan that addresses  
16 such issues as assistance in medication counseling, proactive steps to make future  
17 appointments for ongoing disease management, paperwork assistance, and general  
18 medical information;

19 (7) A fraud prevention and income verification component, demonstrated by a plan to  
20 prevent abuse and misuse of the free and reduced cost clinic environment and adherence  
21 to the requirement that the safety net clinic provides services primarily to uninsured and  
22 indigent patients whose family income does not exceed 250 percent of the federal poverty  
23 level; and

24 (8) Nonprofit status, as required by Code Section 31-8-212.

25 (b) Favorable consideration may be given to a primary care clinic applicant for a grant  
26 under the program which demonstrates, in addition to the requirements in subsection (a)  
27 of this Code section:

28 (1) That the clinic has an administrator or executive director who manages and oversees  
29 the daily operation of the clinic, including management of the financial aspects and  
30 oversight of the medical aspects;

31 (2) A plan to establish a specialty physician network to recruit and maintain a network  
32 of specialty physicians, such as cardiologists, pediatricians, ophthalmologists, and mental  
33 health professionals, designed to address patient needs in areas of acute care and chronic  
34 disease management;

35 (3) Access to laboratory and radiology services, either onsite or through agreement with  
36 other medical facilities; and

37 (4) Access to dental care, including preventive and other dental needs.

(c) Dental clinic applicants shall demonstrate such requirements as determined by the department in accordance with the goals of this article.

31-8-214.

(a) Subject to appropriations by the General Assembly or other available funding, the department shall be authorized to disburse:

(1) Planning grants up to \$30,000.00 per year for a maximum of one year; and

(2) Implementation grants for one year up to \$150,000.00 with an option for a second year of funding not to exceed \$50,000.00

to primary care clinics and dental clinics which meet the requirements of this article and department guidelines to serve as safety net clinics.

(b) Planning grants may be approved by the department for entities which can demonstrate the ability to establish a primary care clinic or dental clinic to serve as a safety net clinic and which already have established community support for such clinic. Funds from planning grants may be used for items including, but not limited to:

(1) Hiring an administrator or executive director for the clinic; and

(2) General startup or other overhead costs.

(c) Implementation grants may be approved by the department for primary care clinics and dental clinics which are already in existence to serve as safety net clinics. Funds from implementation grants may be used for items including, but not limited to:

(1) Expanding operating hours into late nights and weekends to correspond to peak emergency room utilization hours;

(2) Expanding patient capacity;

(3) Adding necessary staff, such as a nurse practitioner or other appropriate staff, to meet administrative or clinical needs;

(4) Purchasing or leasing equipment or software; and

(5) Marketing purposes.

(d) Grants provided pursuant to this Code section shall not be used for reimbursement of services where other means of reimbursement are available, for any other uses which are deemed prohibited by the department, or for construction costs.

(e) An applicant shall not be required to apply for or receive a planning grant to be eligible for or receive an implementation grant.

(f) Grants provided pursuant to this Code section shall be disbursed in accordance with any applicable guidelines, policies, and requirements established by the department.

(g) Prior to the renewal of a grant, the department shall be authorized to require that a recipient conduct an audit of its clinic operations and finances, which may include site visits.

(h) The department or its designee shall be authorized to conduct one or more site visits prior to renewal of a grant to assess the recipient's operations and quality.

31-8-215.

(a) Recipients of grants under the program shall be required to maintain and make available nonidentifying patient data and related information, including, but not limited to:

(1) Emergency room admissions in the associated hospital; provided, however, that this paragraph shall apply only to primary care clinics;

(2) Referrals to the safety net clinic, including vouchers from an emergency department or local health department, if applicable;

(3) Trends in patient visits to the safety net clinic; and

(4) Physician and other health care professional volunteerism.

(b) Recipients of grants under the program shall be required to maintain and make available financial data and related information, including, but not limited to:

(1) Funding received from community and other sources, including, but not limited to, individuals, businesses, and nonprofit and charitable organizations;

(2) Federal and state funds received and continuing efforts to obtain further funds;

(3) Plans for long-term financial stability; and

(4) An analysis of the efficiency of the clinic, comparing funds received and utilized to the value of the medical and dental services provided by the safety net clinic.

(c) Recipients of grants under the program shall make available the data and information required under this Code section in such format and at such times and locations as may be required by the department.

31-8-216.

The program shall be administered by the department in accordance with such rules, regulations, and procedures as it shall deem necessary for the effective administration of such programs. To the extent practicable, the department may utilize for this program existing procedures it utilizes for administering similar grant programs.

31-8-217.

(a) In no way shall this article be construed to impair or alter any obligations required by federal or state laws or regulations, including but not limited to the provision of health care in emergency situations.

(b) In no way shall this article be construed to require a recipient or an applicant for a grant to provide any health care information or other data in violation of the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191."

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- SECTION 2.**

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- All laws and parts of laws in conflict with this Act are repealed.